

ELK GROVE COMMUNITY SERVICES DISTRICT  
DEPARTMENT OF PARKS & RECREATION



## We Need You!

### Coaches:

- 30 volunteer coaches needed
- mandatory training provided
- 2-3 hours/week commitment
- 1 practice & 1 game per week

**Coaches Clinic - Sat. July 26<sup>th</sup>**  
**9:00 am - 2:00 pm**

### Volunteers:

- needed August to mid-November to assist Site Coordinators & Recreation Coordinator
- tasks include: equipment inventory, phone calls, prepping fields and other duties as assigned

### Referees:

- 6 paid referees needed
- mandatory training provided (available on Saturdays)
- turn in application prior to 8/1/03

# Youth Flag Football



## The Program

Flag Football teaches boys and girls the fundamentals of football, good sportsmanship and teamwork in a fun, non-competitive way. Boys and girls play on the same teams. Teams are *often* made up of kids from the same school. Practices begin in September with locations, day and time determined by the coach. The Gridiron Tribune, detailing photo day, important dates, team assignments, etc., will be mailed at the end of August. In this league, all players receive a reversible NFL FLAG jersey, mouthpiece, and flag belt with flags. Also included is a NFL lanyard, certificate, trophy and pictures.

## Ages:

Must be 6 by January 1, 2003. Cannot be 15 before September 1, 2003.

4 divisions: • 6-7 (for the beginner) • 8-9 yr olds • 10-11 yr olds • 12-14 yr olds

**Location:** Laguna Community Park (Bruceville Rd. & Big Horn Blvd.)

## Dates/Times:

- September 13 to November 1, 2003 (**practices scheduled by team coach**)
- Games played on Saturdays between 10 am and 5 pm (10-11 am, 11 am-12 pm, 12-1 pm, 1-2 pm, 2-3 pm, 3-4 pm, or 4-5 pm; scheduled by program coordinator)

## Registration *(By mail or in person)*

**Register through August 1, 2003**

**\$71 per player:**

*Beginning August 4th a waiting list will be formed. If space becomes available, the late registration fee will be \$81 per player.*

**Don't Delay...  
Register by 8/1**

***No phone-in registration accepted.***

**Weekday Registration: From 8-4 pm at:**

EGCSD Parks and Recreation, 8820 Elk Grove Blvd., Ste. 3, 685-3917,  
or Laguna Town Hall, 3020 Renwick Ave., 684-7550

**For additional information or for an application, call  
Elk Grove Parks and Recreation at 685-3917 or 684-7550**

This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this program/activity.



[www.egcsd.ca.gov](http://www.egcsd.ca.gov)



## ELK GROVE CSD DEPARTMENT OF PARKS & RECREATION

### 2003 Youth Flag-Football Coaches Application

**Please complete and return this application as soon as possible.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-Mail \_\_\_\_\_

NFL Team you prefer - 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

1. Are you currently NYSCA certified ? If so, which sport(s)? \_\_\_\_\_

2. Name of your child or children you want to coach \_\_\_\_\_

3. Your availability during the 2003 Flag-Football season:

Weekday practices/games: ☐ Always available ☐ Usually available- Times \_\_\_\_\_

Saturday Games: ☐ Always available ☐ Usually available- Times \_\_\_\_\_

4. Desired Position: ☐ Head Coach ☐ Assistant Coach

Previous Coaching Experience

☐ Flag-Football (please list which seasons) \_\_\_\_\_

☐ Other Coaching (please describe) \_\_\_\_\_

5. Convictions -- Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No

*Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.*

If Yes, state what offense, when, where, and disposition of case.

\_\_\_\_\_

**All coaches will be fingerprinted no later than August 4th 2003**

6. Please list two references we can contact other than relatives:

| Name  | Phone | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |

7. COACHES CLINIC

All coaches **ARE REQUIRED** to attend the EGCSD Flag-Football Clinic at the CSD Administrative Building 8820 Elk Grove Blvd., Elk Grove, CA 95624

**CLINIC DATE: Saturday July 26<sup>th</sup> • TIME: 9:00 am-2:00 pm**

***Remember to mark your calendar !***



# Elk Grove CSD Department of Parks and Recreation Flag-Football Registration and Medical Form

(Please Press Firmly)

REGISTRATION INFORMATION

☐ Division 1 (Ages 12, 13 & 14) # 1935.301 ☐ Division 2 (Ages 10 & 11) # 1935.302 Init.

☐ Division 3 (Ages 8 & 9) # 1935.303 ☐ Division 4 (Ages 6 & 7) # 1935.304

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Flag-Football Experience:** ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

If your child attends private school, which public school is located closest to your home? \_\_\_\_\_

Check all boxes which apply:

☐ **Yes, I want to be a Flag-Football Coach.**

☐ **I may want to coach.**

**Registration continued on reverse-**

Payment Information must be completed on reverse. List any special requests on reverse.

## Hold Harmless Agreement

The Elk Grove Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and injury will be the participant's responsibility. Under California Law, an individual, or parent or guardian if actual participant is under 18, is responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the EGCS D reserves the right to photograph facilities, activities, and program participants for potential future use for publicity or promotion purposes only. I have read and understand this notice.

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

EMERGENCY INFORMATION

Parent's Name(s): \_\_\_\_\_

Phone # Mother (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

Phone # Father (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

List any allergies, dietary restrictions, medications, etc. (or indicate NONE): \_\_\_\_\_

What was the approximate date of last Tetanus Booster?: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Carrier & Number: \_\_\_\_\_

**Person to contact in  
Case of Emergency  
Other than Parents:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

\*

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

*We can not guarantee special requests for participants to play on a certain team or with certain players.*

**For additional information, call EGCS D Parks and Recreation at 685-3917**

Elk Grove CSD Department of Parks and Recreation

# Flag Football Registration Information

(Continued)

**Type of Payment:** (check one)

☐ VISA/MC Payment:

|                                   |              |                           |
|-----------------------------------|--------------|---------------------------|
| ____ VISA ____ MasterCard         | Card # _____ | Expires Mo./Yr. ____/____ |
| Name as it appears on card: _____ |              |                           |

☐ Check # \_\_\_\_\_

☐ Cash

**Special Requests:** Instructions

A.) **Coach-** For special placement with a coach please indicate his or her first and last name.

B.) **Another Player-** If your child would like to play with another participant indicate players first and last name. **Both players registration forms must be completed and turned in together.**

**Disclaimer:** EGCSO will do its best to ensure your request is granted, however requests cannot be guaranteed.

(see inside)



Elk Grove CSD  
Department of Parks & Recreation  
8820 Elk Grove Blvd., Ste. 3  
Elk Grove, CA 95624



PRSRT STD  
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